

No. 2  
4-13-40  
5-17-39  
D-I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7530

State File No. \_\_\_\_\_

Registration District No. 6-8-4686

Primary Registration District No. 44-105913

Registrar's No. 5

2000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Curryville Rural-DANIEL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 1 year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Curryville Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles West of Curryville  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Joseph William Kisor

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Jan day 12  
year 1942 hour 9 minute 30 M. A

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

21. I hereby certify that I attended the deceased from Nov 26  
1941 to Jan 12, 1942  
that I last saw him alive on Nov 8, 1942  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mary Tolith Kisor

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Jan 27 1856  
(Month) (Day) (Year)

Immediate cause of death: Crownary Thrombus (Minerals)

Due to: Chronic Endocarditis eyes

8. AGE: Years Months Days If less than one day

85 11 15 hr. min.

Due to \_\_\_\_\_

Other conditions Influenza  
(Include pregnancy within 3 months of death)

9. Birthplace Pike County MISSOURI  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name ANDREW KISOR

13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN

15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

16. (a) Informant Jalley Zumwalt

(b) Address Curryville Missouri

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof Jan 14 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Frankford Missouri

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Frankford Missouri

(b) Address Frankford Missouri

23. Signature J. M. McNeels (M. D. or other) MD

Address Bowling Green Mo Date signed 1/14/42

19. (a) Feb. 23, 1942 (b) Mrs. Frank Gordon  
(Date received local registrar) (i. i. i. Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 10-42-304

Date Filed MAR 10 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*One Fields Megson*

Licensed Embalmer No.

*40930*

P. O. Address

*Frankford, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.